

**REQUEST FOR NEW/CHANGE PROCUREMENT KRED VENDOR MASTER RECORD**

The following form will be required for the creation of a new vendor or requesting a change to an existing vendor master record. The vendor request form must accompany the Service Request Submit Form that can be found at the following URL: <http://ipo.ifmp.nasa.gov> under the Service Request Submit Form link.

**Complete ALL fields:** Account Group: KRED

Date: 2/19/2009

New Vendor: ☐ Change to Existing Vendor (enter KRED #):

Purchasing Org (Center):

Cage Code:

Contract Number:

Vendor Name (35 characters max):

Street Number/PO Box:

(55 characters max; must match CCR physical street address)

Country: US

City:

State/Region:

Zip Code:

Federal Agency ☐ Yes ☐ No

Trading Partner:  
(for non-federal input NONF)

DUNS No. + 4

Type of Industry – Hubzone: ☐ Yes ☐ No

Type of Business (check only one):

- |  |   |
|--|---|
| <input type="checkbox"/> Business – not otherwise classified                         | <input type="checkbox"/> Education – HBCU, State/Local Govt. Controlled             |
| <input type="checkbox"/> Business – Disadvantage                                     | <input type="checkbox"/> Education – Minority, Privately Controlled                 |
| <input type="checkbox"/> Business – Disadvantage, Veteran                            | <input type="checkbox"/> Education – Minority, State/Local Govt. Controlled         |
| <input type="checkbox"/> Business – Disadvantage, Veteran, Svc Disabled              | <input type="checkbox"/> Education – Privately Controlled-not HBCU/Minority         |
| <input type="checkbox"/> Business – Disadvantage, Woman owned                        | <input type="checkbox"/> Education – State/Local Govt. Controlled-not HBCU/Minority |
| <input type="checkbox"/> Business – Disadvantage, Woman owned, Veteran               | <input type="checkbox"/> Federal Government   |
| <input type="checkbox"/> Business – Disadvantage, Woman owned, Veteran, Svc Disabled | <input type="checkbox"/> Foreign Government   |
| <input type="checkbox"/> Business – Veteran  | <input type="checkbox"/> Hospital – Privately Controlled                            |
| <input type="checkbox"/> Business – Veteran Svc Disabled                             | <input type="checkbox"/> Hospital – State/Local Govt. Controlled                    |
| <input type="checkbox"/> Business – Woman owned                                      | <input type="checkbox"/> Nonprofit – JWOD   |
| <input type="checkbox"/> Business – Woman owned, Veteran                             | <input type="checkbox"/> Nonprofit – Minority                                       |
| <input type="checkbox"/> Business – Woman owned, Veteran, Svc Disabled               | <input type="checkbox"/> Nonprofit – not Minority or JWOD                           |
| <input type="checkbox"/> Education- HBCU, Privately Controlled                       | <input type="checkbox"/> State/Local Govt. – Other                                  |

Reason for change or provide any additional information below (if applicable):